

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)

SERIAL NO.

09/889761

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1											
2	1						51					
3		2					52					
4		20					53					
5		20					54					
6		20					55					
7		20					56					
8		20					57					
9		20					58					
10		20					59					
11		20					60					
12		20					61					
13		20					62					
14		20					63					
15		20					64					
16		20					65					
17		20					66					
18		20					67					
19		20					68					
20	1						69					
21	1						70					
22							71					
23							72					
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41							90					
42							91					
43							92					
44							93					
45							94					
46							95					
47							96					
48							97					
49							98					
50							99					
TOTAL IND.	24						TOTAL IND.					
TOTAL DEP.	32						TOTAL DEP.					
TOTAL CLAIMS	34						TOTAL CLAIMS					

36

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS